

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014472

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No.

294

Primary Registration District No.

3056

Registrar's No.

93

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u> <u>0883</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>101 Halleck Street</u>		d. STREET ADDRESS (If outside, give location) <u>101 Halleck Street</u>	
Length of stay in lb <u>20 years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>Denney</u> Last <u>Denney</u>		4. DATE OF DEATH Month <u>April</u> Day <u>28</u> Year <u>1959</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>2 negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>2 WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 12, 1883</u>
9. AGE (In years last birthday) <u>75</u>		10. BIRTHPLACE (City and state or country) <u>Howard County, Missouri</u>	
11. CITIZEN OF WHAT COUNTRY? <u>United States</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13a. FATHER'S NAME <u>Finn Denney</u>		13b. MOTHER'S MAIDEN NAME <u>Patsy Terrill</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Denney</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Leslie Denney: 108 Horsley St.: Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Natural Causes - undetermined</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>but apparent heart failure</u> DUE TO (c) <u>found dead in his bed</u>		INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7824</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4:30</u> Month, Day, Year <u>4-30-59</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Moberly, Missouri</u>	
21. I attended the deceased from <u>about 4:30</u> to <u>4:30</u> and last saw her alive on <u>4-30-59</u>		22. SIGNATURE (Degree or title) <u>Leslie Denney, Registrar</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>4-30-1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Moberly, Missouri</u>	
24. FUNERAL DIRECTOR <u>Tom B Patton</u>		25. DATE RECD. BY LOCAL REG. <u>4-30-59</u>	
26. REGISTRAR'S SIGNATURE <u>Leslie Denney</u>		27. REGISTRAR'S SIGNATURE <u>Leslie Denney</u>	

(Licensed Embalmer's Statement on Reverse Side)

Secretary, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 13 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Tom B. Patton*

Licensed Embalmer No. *3914*

P. O. Address *Huntsville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.